Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

				-								
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE		Y	OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			7/9				RAT	E FI	EE	1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	FEE 385	5.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			₩ minus 20=		* ()		X\$ 9	_		1	X\$18=	100
INDEPENDENT CLAIMS) minus 3 =		* //	* //				OR		108
MULTIPLE DEPENDENT CLAIM PI			L	105 0 -	1 4			=		OR	X86=	326
MOETH EE DEI ENDEN OS MINT NEGEN.							+145	=		OR	+290=	
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTA	IL		OR	TOTAL	1219
CLAIMS AS AMENDED - PART II							2000				OTHER	
	(Column 1) (Column 2) (Column 3)							LL ENTI		OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIC PAID I	BER DUSLY	PRESENT EXTRA	RATE	AD TIOI FE	NAL		RATE	ADDI- TIONAL FEE
MQ2	Total	*	Minus	**		=	X\$ 9	=		OR	X\$18=	
ME	Independent	*	Minus	***		=	X43=	-		OR	X86=	
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							1			+290=	
	1,7,14, 17, 19,22,24						+145: TOT			OR	TOTAL	
								EE L		OR ,	ADDIT. FEE	
		(Column 1)	Т	(Colun		(Column 3)						
AMENDMENT B		REMAINING AFTER AMENDMENT.		NUME PREVIC PAID I	BER OUSLY	PRESENT EXTRA	RATE	ADI TION FE	NAL		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9=	=		OR	X\$18=	
	Independent	*	Minus	***		=	X43=			OR	X86=	
	FIRST PRESE	NTATION OF MU	ILTIPLE DEP	ENDENT	CLAIM		+145=	-		OR	+290 <u>÷</u>	
								AL			TOTAL	
		ADDIT. F	≆E 		C , . ,	ADDIT. FEE						
	\ \ \	(Column 1) (Column 2) CLAIMS HIGHEST				(Column 3)						1551
Z		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER DUSLY	PRESENT EXTRA	RATE	ADI TION FE	IAL		RATE	ADDI- TIONAL FEE
	Total		Minus	**		= :	X\$ 9=			OR	X\$18=	
	Independent	*	Minus	***		=	X43=	-	一		X86=	
٨	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						740-			OR		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								:		OR	+290=	
**	f the entry in colur f the "Highest Nur If the "Highest Nur	TOTA ADDIT. FE			OR ,	TOTAL ADDIT. FEE						
		nber Previously Paid					ound in the	appropria	te box	in col	umn 1.	